Effective October 1, 2003 09/874630														
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY												R THAN		
TOTAL CLAIMS				-4	0				RATE	FEE	7	RATE	I FEE.	· .
FOR				·NUMBER	FILED	NUMBER EXTRA			BASIC FEE	385.00	T _{OB}	BASIC FE		·
TOTAL CHARGEABLE CLAIMS				40 m	nus 20=	•	· 20		X\$ 9=		7		 	
	NE	EPENDENT C	ZAIMS	87	inus 3 =	. 5			X43=	 	OR		360	
ŀ	MULTIPLE DEPENDENT CLAIM PRESENT								 	OR	X86=	400		
:	* If the difference in column 1 is less than zero, enter "0" in column 2							'	+145=	ļ	OR	+290=		·
					ENDED - PART II				TOTAL	L	JOR		147.0	4
	_	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL		
DMENTA	-		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	C 0
		Total	1. 4a	Minus	. 4	0	. 2		X\$ 9=:		00	X\$18-	100	BE
AME		Independent	ENTATION OF A	Minus	200000	5 .			X43=	٠.	OR	X86≃	-	<u> </u>
┞		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
	9/8/25								TOTAL DOIT, FEE			TOTAL	100	\geq
	_	(Cotumn 1) (Column 2) (Column 3)									, ,	ADDIT. FEE		\geq
AMENDMENT B			REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID P	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	AVAILABLE COP!
		Total	• 44	Minus	4	2_	- 2		X\$ 9=		OR	X\$18=		\mathcal{L}
¥		Ind pendent	NTATION OF MIL	Minus	V	~ 4.14.0			X43=		OR	X86=		<u> </u>
-		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		~
									TOTAL		ne L	TOTAL		
_	(Column 1) (Column 2) (Column 3)													
AMENDMENT C			CLAIMS REMAINING AFTER AMENOMENT		HIGHE: NUMBE PREVIOU PAID FO	RISLY	PRESENT EXTRA	F		ADDI- TONAL FEE	·	PATE	ADDI- TIONAL	
2	L	Total	• 44	Minus -	· 4	Z.	• —		X\$ 9=		OR	X\$18=	FEE	
¥		Independent	^ 1	Minus	*** . §	3		1	X43-			X86=		
L	Ľ	rinsi PHESE	NTATION OF MU	LTIPLE DEP	ENDENT C	MIAS 5-2	لحوي	-			OR			
* If the entry in column 1 is less than the entry in column 2, write 'U' in column 3. Total OR +290= TOTAL OR +290= OR +290=														
-	w	ans undustriation	nber Previously Pai mber Previously Pai ber Previously Paid	d For th Thes	S SPACE HT	ece the	1 Toward P		OIT. FEE 🦶			TOTAL DOT. FEEL TO 1.		•

Application or Docket Number